Behavioral Health in Fairbanks:

Community Assessment of the Mental Health and Substance Abuse Service System, June 13-15, 2011

Reported by the Alaska Mental Health Board, Advisory Board on Alcoholism & Drug Abuse, and Alaska Division of Behavioral Health

Advisory Board on Alcoholism and Drug Abuse

abada amhb

Alaska Mental Health Board

STATE of ALASKA

Department of Health and Social Services

Introduction

The Alaska Mental Health Board (AMHB) and Advisory Board on Alcoholism and Drug Abuse (ABADA) received written and in-person public comment on May 18, 2011 from stakeholders in the Fairbanks community, concerned that the local community behavioral health center was not providing timely access to care or consistent care over time to individuals experiencing mental illness. Concerns about administration and financial management were also raised. The NAMI affiliate in Fairbanks expressly asked the AMHB to perform an "audit" of Fairbanks Community Behavioral Health Center (FCBHC).

While it is not within the purview of AMHB and ABADA to perform specific oversight of publicly funded agencies, it is within their authority to engage in activities to evaluate the overall performance of the behavioral health system (*see* AS 47.30.666(5)(B), AS 44.29.140(a)(1)(F), and 42 USC §300x-3(b)(3)). After much deliberation, AMHB and ABADA board members decided that further engagement with the community was warranted to help the community resolve the issues presented. This decision was based in large part on the concerns (many of them identical to current concerns) previously raised by community members in October, 2009 when AMHB and ABADA met in Fairbanks – and the lack of resolution since then.

On May 23, 2011, AMHB and ABADA communicated a plan for community engagement to the Commissioner of Health and Social Services and Director of the Division of Behavioral Health (DBH), as well as the interim director of FCBHC. Over the next three weeks, that plan evolved to become a three-day process of gathering information and recommendations from stakeholders in Fairbanks, in order to inform (and build readiness for) a collaborative planning process to identify the most pressing priorities for immediate improvement and then long-term plans for the local behavioral health system. The second phase of the community planning is expected to occur in mid-July, 2011.

Contacts:

Alaska Mental Health Board & Advisory Board on Alcoholism and Drug Abuse
1-888-464-8920 or
907-465-8920

Kate Burkhart, Executive Director
Kate.Burkhart@alaska.gov
Rebecca Busch, Planner
Rebecca.Busch@alaska.gov
Thomas Chard, Planner
Thomas.Chard@alaska.gov

Division of Behavioral Health
1-800-465-4828 Juneau

Stacy Toner, Deputy Director
Stacy.Toner@alaska.gov

1-800-7703930 Anchorage

David Reeves, Program Manager
David.Reeves@alaska.gov
Lisa Rosay, Program Integrity
Lisa.Rosay@alaska.gov
Yvonne Jacobson, Vocational Specialist
Yvonne.Jacobson@alaska.gov

Alaska Mental Health Trust Authority
907-269-7960

Katie Baldwin-Johnson, Program Officer
Katie.Johnson@alaska.gov

Process

AMHB and ABADA hosted a public forum on June 13, 2011. The purpose of this forum was to provide a venue for community members to share their observations, experiences, and concerns about the way behavioral health services were being delivered in Fairbanks. To move the community from catharsis to action, the forum included a specific focus on ways to address problems identified. Over 50 people from the community attended the four-hour meeting (evaluation results in Appendix B).

For the next two days, three teams of AMHB and ABADA, DBH, and Alaska Mental Health Trust Authority (AMHTA) staff met with individual and organizational stakeholders to learn more about the state of the local behavioral health system. Over 20 stakeholder organizations and individuals were interviewed by the teams. Teams used discussion guides (to the extent practicable) to ensure that relevant information was collected from each interviewee. System strengths as well as weaknesses were to be identified in each conversation.

Discussion Guide Questions:

- ✓ Can you tell us about the services you provide and your target service population?
- ✓ What are the areas where you feel that the community behavioral health system **best** meets the mental health and/or substance abuse treatment needs of people?
- ✓ What are the areas where you feel that the community behavioral health system is **not meeting** the mental health and/or substance abuse treatment needs of people?
- ✓ Have there been efforts (independently by your agency or with others) to address these gaps? If so, how do you think they are working?
- ✓ Where do you go/refer clients for general behavioral health services (if you're not a provider) or for specialized services? How do you think that is working for your clients?
- ✓ What organizations do you work with to help pull together other resources for your clients (housing, emergency shelter, food/basic life needs, education, child care, etc.)? How are those relationships working for you and your clients?
- ✓ How would you characterize the community's efforts around prevention (substance abuse, mental illness, suicide, homelessness, violence, etc.)?
- ✓ What do you wish the community behavioral health system looked like or worked like? Put aside resource/funding considerations and describe the system you wish you had.
- ✓ What assets does your community have to help make that system a reality?
- ✓ What kind of support or help would you think would be beneficial, from AMHB and ABADA, Department/Division, and Alaska Mental Health Trust?

Executive Summary

A wealth of information was shared with us during the public and stakeholder meetings. The majority of the comments and experiences shared fall into two areas:

Fairbanks Community Behavioral Health Center (FCBHC)

Significant organizational improvement was indicated, to include board development, improved financial and clinical oversight, simplifying processed for accessing services, and alignment of programs with core services. The agency was encouraged to also improve external relationships through better collaboration, coordination, and partnership with stakeholders and customers/clients. Community members identified the clinical staff at FCBHC as a major asset to people receiving care.

Community Behavioral Health System

There are distinct gaps in the system of care in Fairbanks, including: accessible substance abuse treatment,[1] supportive housing,[2] peer support and recovery services,[3] organized and coordinated prevention, step-down and after care services, and emergency services for behavioral health crises. To effectively address these gaps will require provider agencies, their clients, and their community partners to work together. There are existing structures — the Community Action Planning group and quarterly provider meeting — which can support this improvement process. There are also successful collaborations that can be built upon. A commitment to communication and inclusiveness will be required to bring the necessary partners together to begin to address these gaps in a way that is mutually beneficial. It is important to recognize and understand that some agencies are (quite reasonably) fearful of losing ground gained in their programs in efforts to improve system-wide services.

[1] There are agencies offering outpatient treatment (group and individual) and intensive outpatient treatment. There are also the Gateway to Recovery Detox Center, Ralph Perdue Center (residential treatment), and Old Minto Family Recovery Camp. Adolescent substance abuse treatment is also available. All of these programs, however, have wait lists and some require a payment source other than Medicaid.

[2] Downtown Care provides assisted living for individuals experiencing mental illness, and FCBHC operates a housing program. However, the need for additional supportive housing for active and recovering addicts as well as those with serious mental illness was an identified need.

[3] NAMI-Fairbanks offers peer support services, and the Oxford House and 12-step groups are local peer support resources. These, however, do not meet the community's identified needs for recovery support and peer support specialist services.

What We Learned

The majority of information provided focused on the role of FCBHC and how the agency was and was not meeting its responsibilities to clients and the larger community. However, a significant amount of information about the wider behavioral health system in Fairbanks — to include the spectrum of services from prevention to recovery — was provided through the meeting and interview process. Because this process was designed to inform a problem-solving and policymaking effort, the information is reported here in a thematic way rather than as a transcription of meetings.

We note that, based on information received from past FCBHC board members, staff, clients and providers in the community, **the problems at issue are not sudden or new.** They took a long time to develop. What is new is this opportunity for change and improvement, and the apparent desire of many stakeholders to work together toward a common goal.

AREAS WHERE THE COMMUNITY BEHAVIORAL HEALTH SYSTEM IS NOT MEETING MENTAL HEALTH AND/OR SUBSTANCE ABUSE TREATMENT NEEDS

Lack of Substance Abuse Treatment Services: Clients without resources, especially those experiencing homelessness, lack access to substance abuse treatment. Ralph Perdue Center is often at capacity, and people reported that the only referral was the detox center (Gateway to Recovery). Aftercare is not always available for people returning from residential treatment services, or from prison (where they were able to get sober).

We learned that clients can be referred for substance abuse treatment, but the wait lists are long: as much as 2-3 weeks for a substance abuse assessment and 6-8 weeks more after that for treatment. Detox beds were reported as very difficult to access, due to staff limitations (before) and now, being at capacity. The use of pre-treatment services was not mentioned, so it is not clear what is available or provided pending admission.

There is a lack of substance abuse treatment services for dually diagnosed individuals — people with a developmental or cognitive disability who also experience a substance use disorder. A lack of diversity in treatment options was also noted (no one model works for every person).

Lack of Mental Health Treatment Services: Extensive comment was received at the public meeting and stakeholder meetings about the lack of timely access to care, and the lack of consistency in care provided, at FCBHC. Examples of the long wait to see a mental health professional at FCBHC include: up to 3 weeks for someone after discharge from the mental health unit at the hospital; 3+ months for a child documented to have been sexually abused.

Because FCBHC receives the community treatment and recovery grant, other agencies are frustrated with being asked to address (and are having to respond to) the needs of the chronically and seriously mentally ill — a population often outside the scope of their usual practice and

expertise. This has created not only an additional burden on these agencies, but also ill will toward FCBHC.

The dependence on *locum tenens* psychiatrists has reduced the quality and availability of care. The wait for an appointment has been very long. Clients dislike seeing a different doctor every month. Having to retell personal history and "stories" is not always therapeutic, especially when this month's doctor disagrees with last month's decisions on care. Medication management is compromised as a result (either because clients stopped going or because of variability in prescribing practices). This practice is also very costly for FCBHC.

For individuals being released by the mental health unit at Fairbanks Memorial Hospital, the fact that the evaluation and services provided while the client is receiving inpatient services are redone by FCBHC – often after several weeks delay – is a source of frustration and duplicative effort. It was suggested that FCBHC and the hospital work together to build upon the inpatient services delivered to speed transition to community services. Also raised was the concern that people are discharged from the hospital with a limited prescription, so the delays in getting services through FCBHC can result in the medication regimen being disrupted or not properly adjusted.

A similar situation arises when individuals with serious mental illness are released from the Department of Corrections. Participants in the IDP+ and APIC programs[4] are required to remain in services after discharge, which means they must remain in Fairbanks to access services (challenging when they must use the contractor, FCBHC, and have difficulty getting into and staying in treatment).

The Fairbanks Rescue Mission reported that about 25% of their client population experiences mental illness, but they have had little success in connecting these clients with FCBHC services. Closure of homeless camps in Anchorage has created increased numbers seeking services from the Fairbanks rescue Mission, not only for shelter but also behavioral health services. There was concern that FCBHC was not accepting un-resourced clients and/or applying a sliding fee scale. Shelter clients have reported being turned away because they lacked ability to pay (an occurrence also reported by NAMI members). There has also been a feeling that shelter clients were treated differently.

There is concern that individuals with challenging behaviors or complex diagnoses are too quickly transported out of the community for care. There are acute care providers (the hospital, Boys and Girls Home, etc.) in Fairbanks, but no mental health agency that can provide "secure holds" for youth with serious mental health or emotional disturbance needs. It was also reported that the developmental disability service providers and the behavioral health providers operate in

[4] IDP+ (Institutional Discharge Project Plus) provides legal and clinical case management and supervision to felons experiencing mental illness who are released on probation or parole. APIC (Assess/Plan/Identify/Coordinate) provides case management with release planning and service coordination for offenders with serious mental illness.

silos, reducing access to services for individuals with the dual diagnoses — increasing risk of out-of-community placement.

We received extensive information about the therapeutic foster care program operated by FCBHC. Concerns raised about the program included lack of adequate training for foster parents, lack of services for foster children, and lack of response to emergencies. Due to the nature of the program (and the children served), this public input has been reported separately to the Division of Behavioral Health to protect the privacy of children and families involved.

Lack of Emergency Services: We heard of some very specific – and recent – examples of how the emergency and on-call service at FCBHC wasn't performing well (calls going unanswered and unreturned, lack of immediate access to a mental health professional – or even a case manager – when a mental health crisis occurs). Agencies also reported frustration with having to respond to emergency and nighttime calls, because the on-call service at FCBHC was non-responsive. For agencies that serve more than just the Fairbanks/North Star Borough area, this is especially difficult (how to prioritize between rural clients and urban).

We also heard from several providers that youth experiencing a mental health crisis are being served in the hospital mental health unit or referred to Anchorage facilities instead of being admitted by Boys and Girls Home. A perception shared by representatives of the wider disability community is that there is "no help" for a person in crisis in Fairbanks, despite the fact that there are multiple agencies receiving grants to provide services to youth experiencing serious emotional disturbance.

Lack of Qualified Workforce: There is a serious shortage of **qualified** mental health and substance abuse treatment professionals in Fairbanks. (Several providers stressed that the difficulty is less the number of the candidates than the caliber of the candidates.) Non-profit providers, Ft. Wainwright, and the Fairbanks Correctional Center all reported difficulty filling positions.

As discussed above, the shortage of psychiatrists led to overutilization of *locum tenens* physicians, which in turn affected the quality of care provided. The University of Alaska psychology department has sought, but not achieved, accreditation for the PhD program, which limits the number of locally trained psychologists (masters and PhD level). Attrition is a major problem for many agencies, and a sort of "round robin" of professionals from agency to agency was described. Agencies in Fairbanks also reported that the high cost of employee health insurance/benefits prevent expanding capacity (something expressed to AMHB and ABADA by agencies statewide).

Lack of Peer Support: Other than NAMI-Fairbanks, there is no source of organized mental health peer support in Fairbanks. There are 12-step groups that meet regularly throughout the

community, and Oxford House[5] provides limited residential peer support. Access Alaska offers 8 support groups, but none involve mental health or substance use disorders. Alaska Youth and Family Network offers peer navigation for parents of youth experiencing serious emotional disturbance, but there are no navigation services for adults experiencing serious mental illness.

Lack of Housing: There is an extreme shortage of housing options for the seriously mentally ill and individuals experiencing a fetal alcohol spectrum disorder. Assisted living and supportive housing are both needed to help people stay safe and stable in the community (rather than having to leave Fairbanks for higher levels of care in Anchorage or out of state, or winding up in jail). Lack of housing impedes discharge planning from acute care, which makes it difficult for individuals to maintain the progress they make during inpatient treatment. Hospital staff indicated difficulty in accessing general relief funds (for assisted living) through the Department of Health and Social Services.

Community members and stakeholders are unclear as to who lives — and is eligible to live — in FCBHC's housing properties. There is frustration that some units are (or are thought to be) empty, when there are so many people needing housing. There is also the perception that "hard-to-house" individuals with mental illness are denied access to FCBHC housing.

Lack of Specialized Services: Mental health and substance abuse treatment services for seniors, as well as individuals with dual diagnoses,[6] are major gaps in the system. Fairbanks Resource Agency reported at least 20% of their clients are dually diagnosed with a developmental/cognitive disability and a mental health disorder. Lack of understanding (at FCBHC and the hospital) about how to serve individuals with developmental/cognitive disabilities, and flexibility to tailor behavioral health therapies to suit the needs of these individuals, was identified as a gap. Agencies serving individuals with dual diagnoses reported having to rely on Adult Protective Services to ensure their clients' received appropriate care. This has reportedly contributed to dually diagnosed individuals being jailed for behaviors that could have been avoided with proper treatment and support. Services for co-occurring mental health and substance use disorders are also limited, with only a few agencies (such as Turning Point, Hope Counseling) providing these services.

We heard from providers and family members about clients discharged from treatment at FCBHC because they were "too mentally ill" or their behaviors were too challenging. This may indicate a need for more specialized training in complex behaviors for FCBHC staff.

The Fairbanks Police Department's Critical Incident Trained officers[7] are an asset for the community. However, the department does not have enough officers to dedicate staff to the

[5] Oxford House is a consumer driven model of addiction treatment, with locations in communities around the country.
[6] FCBHC reportedly had a clinician working with dually diagnosed clients 7+ years ago, but that ended.
[7] NAMI- Fairbanks and the Fairbanks Police Department partner to train officers to handle mental health related police calls in a way that promotes public safety as well as respect for the individual experiencing mental illness.

intensive CIT training on a regular basis.[8] Also recognized is the fact that patrol calls are brief encounters (20 minutes or less) and so officers do not always have the experience (or opportunity to gain experience) to deal comprehensively with the behavioral health needs of the people they encounter.

A need for advocacy services for disabled veterans was reported at the public meeting. The need for specialized services for individuals diagnosed with autistic disorders was noted by Fairbanks Resource Agency. The same is true for those diagnosed with (or suspected of having) a fetal alcohol spectrum disorder.

Careline, the statewide suicide prevention hotline operated by Interior Alaska Center for Non-Violent Living, has experienced unexpected decreases in funds provided by United Way and is in danger of having to reduce or cease operations. While agencies like Fairbanks Counseling and Adoption and Tanana Chiefs Conference are working to address suicide in the community, there is concern that suicide has become "normalized."

Lack of Support Services: The lack of services for parents engaged with the Office of Children's Services was noted, as was a lack of supportive employment opportunities for individuals with serious mental health conditions. One young man shared his experiences at the public meeting: his recovery was hard won due to the lack of support to help him after multiple mental health related hospital stays, and especially to move as a young adult from a negative family environment to a positive living situation.

The lack of support for people returning from prison – often to the same negative environments that contributed to their incarceration – was noted. Also noted was a lack of services for transition-aged youth. Family Centered Services and Access Alaska offer some programs for youth transitioning from adolescence to adulthood, but it was reported that, overall, young people leaving foster care, juvenile justice, or treatment placements do not have adequate local supports and services to succeed.

Lack of Respect: The feeling that individuals and family members, as well as partner agencies and providers, were not valued or respected was shared at the public meeting and some stakeholder meetings. This may or may not be a system-wide phenomenon, but it was noted with sufficient frequency to warrant attention.

Cheris Haymond Rotter described the need to treat the client as a person first in all things. George Kirchner commented that "we need a spiritual renewal; it's not religion, it's heart." Another of the public forum participants stated that she wants people to be respected, stigma to be reduced, and for everyone "to see the good in each other" because "we are all here to help."

[8] Chief Zager stressed that the issue is about the limited number of officers available for duty, and not about money to pay for the training or overtime.

One of the first ways to improve this area recommended by stakeholders is to demonstrate respect and support for partner agencies by recognizing common goals and challenges and choosing carefully the type and with whom criticisms are shared.

Lack of Coordination and/or Collaboration:

Several stakeholders reported that the Community Action Planning group is underutilized. Not every agency attends; some agencies reported not knowing when and where the meeting was held. Also reported were occasions when the meeting was dominated by one or a few members rather than used as a venue for building cooperation and coordinating services.

United Way has reportedly stepped away from the Community Action Planning group, creating a leadership vacuum that Fairbanks Counseling and Adoption is trying to fill. As a result, those agencies who do work well together have moved to using the quarterly provider meeting as a way of communicating with each other. This works for the agencies invited, but it is not a broad representation of the social services system.

Fairbanks Counseling and Adoption commented that responsibility for building relationships and coordination of care should not fall on (or exclusively on) the therapists and counselors. They have clients to see, and the agencies depend on them to provide billable services (rather than uncompensated community building efforts). These relationships are valuable to case management and client support, but direct service staff cannot do it all.

There have been problems over several years with the coordination of care for people discharging from the mental health unit to FCBHC and other providers. Efforts to resolve this problem have been undertaken at different points in time, the problem remains. There is also currently a problem with how people with over a 3.0 BAC[9] are medically cleared for custody when being booked into jail.[10] It was reported that the Department of Corrections policy requires a physician clear someone with such high blood alcohol content.[11] This has resulted in prisoners being transported from the jail to the hospital emergency department for examination and then back again, creating additional burden on the local police (who must provide the transport) and hospital staff.

[9] The DOC Policy is actually for when a person's breath reaction alcohol content is greater than 300 (DOC P&P 907.14 VII A.1.b). The entire DOC Health Examination policy is available online at http://www.correct.state.ak.us/corrections/pnp/pdf/807.14.pdf.

[10] Medical clearance is defined by the DOC Policies and Procedures Manual (DOC P&P 807.14 V) as "clinical assessment of the physical and/or mental status before an individual is admitted into a correctional facility." Medical clearance may require assessment by the local emergency room, in which case written medical clearance must be obtained from the emergency physician.

[11] DOC P&P 807.14 VII A. 4. b describes the "Title 47 screen" for individuals brought in for protective custody as involving a "physical and mental health assessment completed by a registered nurse, or health care provider," which is defined as a physician, dentist, physician assistant or advanced nurse practitioner (DOC P&P 907.14.V).

Providers reported frustration with the use of HIPAA as a reason not to share information and coordinate care — even when the client has consented to release of the information. This is of particular frustration to Adult Protective Services when they are investigating a report of harm to a vulnerable adult.

Depending on with whom we spoke, the list of "who is not engaged" varied — an indication that there are clusters of effective collaborators who may or may not be aware of what others are doing. There is a perception among some providers that the tribal providers (Fairbanks Native Association, Tanana Chiefs Conference) are not engaged with the rest of the behavioral and social services agencies — though we heard praise for Perry Ahsogeak's (FNA) and Norm Phillips's (Doyon Ltd.) roles in the Golden Heart Coalition from others. Because the Department of Corrections provides all health care through the closed inmate health system, they are not always included in the community behavioral health system as a partner — but expressed interest in being included.

Case management resources in Fairbanks are insufficient to meet the demands of behavioral health care clients. System navigation is available from some organizations, like Alaska Youth and Family Network which offers peer navigation (contact Debbie Kitelinger at Debbie@ayfn.org for more information), Access Alaska, and Family Centered Services. Yet, concerned family members and others spoke repeatedly of difficulty accessing services across the system without a family member or advocate.

Lack of Confidence in Recovery: A few community stakeholders (outside the corps of behavioral health providers), expressed doubt that people with serious addictions and/or mental illness could ever achieve recovery. This may be due in part to the revolving door created by the lack of step-down care after residential treatment, or in part to the number of people who have reportedly decided to go without care rather than return to FCBHC. The limitation of behavioral health services offered within the corrections system may also contribute to this perception.

Lack of Leadership: Stakeholders reported feeling that the system is splintered, suffering from territoriality, misunderstanding, and hurt feelings. While there are highly effective individuals involved in the behavioral health and social services systems in Fairbanks, there is an absence of unifying vision or leadership. This sort of leadership must come from the community.

AREAS WHERE THE COMMUNITY BEHAVIORAL HEALTH SYSTEM BEST MEETS MENTAL HEALTH AND/OR SUBSTANCE ABUSE TREATMENT NEEDS

Gateway to Recovery, the detox center, was recognized by many as a strong part of the behavioral health system (though demand still exceeds capacity). Perry Ahsogeak was identified by several as a leader in the behavioral health community. **Tele-behavioral health** was identified as an asset to the Tanana Chiefs Conference mental health program, and a source of support for aftercare and recovery services.

Medication management services at Interior Community Health Center were noted as an asset to the wider system. The Fairbanks Rescue Mission reported that the services provided at **Ft. Wainwright** and by the **Veteran's Administration** were good.

The quality of care provided by **private practitioners** (individuals and agencies not funded through grants or Medicaid) was reported as being very good. **Hope Counseling** was consistently cited as a excellent provider of mental health (group, couples, children's trauma) and substance abuse treatment services.

Downtown Care, an assisted living home that accepts residents with serious mental illness, was noted as an asset in the community and a model for additional housing resources. The **Oxford House** residential peer supported addiction treatment was noted by DOC staff as an effective part of the substance abuse treatment system.

Employment and other services offered by the **Division of Vocational Rehabilitation** were noted as being a source of quality care and support in Fairbanks (in one stakeholder meeting they were cited as "the best" of the programs). **Access Alaska**, which provides advocacy and support as well as services designed to help individuals with disabilities achieve and/or maintain independence in the community, was also noted as a source of quality services.

EFFORTS TO ADDRESS SYSTEM GAPS AND HOW THEY ARE WORKING

Fairbanks Memorial Hospital has convened a group to develop a plan to increase psychiatry services. There was some concern that "primary care was solving behavioral health's problems," because the initial process started without including the behavioral health agencies. That has been resolved and there appears to be wide support for the initiative.

Turning Point Counseling Services, a private practice, was founded by Gunnar Ebbesson and Joseph Nowell to provide holistic, client centered intensive outpatient substance abuse treatment for adults and adolescents. The Fairbanks Rescue Mission has developed a collaborative program with the Veteran's Administration to better serve homeless veterans on-site at the shelter. Like the homeless shelter, Interior Alaska Center for Non-Violent Living has developed in-house behavioral health services to ensure that their clients have access to necessary resources.

Interior Community Health Center has added medication management and limited behavioral health services to their core primary care practice. They are moving forward to be certified as a medical/health home. About half of their behavioral health referrals are by word of mouth, with another quarter coming from Public Health and about 10% from the hospital. Probation and Parole (part of the Department of Corrections) reported referring there, too.

Like Interior Community Health Center, Tanana Chiefs Conference has started screening for behavioral health issues with primary care services at Chief Andrew Isaacs Clinic. They are an SBIRT[12] provider, bringing substance abuse screening and interventions into primary care practice. They are able to identify people earlier, and avert some emergencies.

In the area of workforce development, two agencies shared how they are trying to address the problem. Fairbanks Resource Agency has focused on hiring locally and then providing intensive and ongoing training. This includes a 2-day module on behavioral health issues specific to the populations they serve (individuals with developmental disabilities, seniors, etc.). They have a bonus program, as well as employee wellness training. Fairbanks Resource Agency "grows their own" internally, focusing on training over prior experience.

Hope Counseling[13] has integrated an extensive teaching component in their practice. They have interns working on site through the Alaska Psychology Internship Consortium and Association of Psychology Postdoctoral and Internship Centers. Dr. John DeRuyter, the training director (and director of the agency), spoke at length of how the teaching atmosphere contributes to the quality of the services and work environment Hope Counseling is able to provide.

Crossroads Counseling reported use of client releases of information as a way to help ease coordination of services, but there is concern over the need for multiple (and perhaps too many) releases. Family Resource Agency reported success in working with Dr. Mikki Barker and Tanana Chiefs Conference to serve dually diagnosed individuals (though there is a waiting list).

The Department of Corrections and Alaska Housing Finance Corporation are partnering on a housing voucher program for individuals on probation. These vouchers allow a probationer to secure housing in the private market. Probation Officer Brett Wood shared success housing people usually considered "hard-to-house" with this program.

Family Centered Services reported that it has received state approval to offer adolescent substance abuse treatment services, currently a gap in services. Fairbanks Resource Agency receives a state grant for senior behavioral health services (an identified gap), but reported that getting seniors to self-identify as being someone in need (or possible need) of services has been difficult.

[12] Screening, Brief Intervention, Referral and Treatment is a public health approach for identifying and addressing substance use disorders early, through emergency departments and primary care practices. For more information, go to http://www.samhsa.gov/prevention/SBIRT/index.aspx.

[13] Not to be confused with HOPE Community Resources, an Anchorage based agency serving people with developmental and physical disabilities.

The Downtown Association and their partners have coordinated a community service patrol (CSP) similar to, but covering a smaller area than, previous efforts. The CSP transports people found seriously intoxicated and homeless or transient from the downtown area home or to family/friends, or, if that is not available, to the detox center or jail for protective custody (if there is no other safe place). Chief Zager, Fairbanks Police Department, spoke highly of the community service patrol and the way it has helped address the issue of chronic inebriates on the streets downtown.

The ecumenical organization has worked on developing both emergency shelter open to intoxicated individuals and, with the Golden Heart Coalition, a plan for "Housing First" individuals experiencing chronic alcoholism. The Downtown Association expressed interest in these sheltering projects. Unity Outreach, a faith-based organization, has developed a network of volunteers who provide private assistance to individuals who are homeless, hungry, unemployed, or in need of other services not available in the community (for whatever reason).

REFERRAL NETWORKS AND HOW THEY ARE WORKING

At the public forum, a public health nurse reported challenges connecting people to community resources; there is a feeling that assistance (for clients) is not available. Police officers are not all familiar with the spectrum of health and social services available in Fairbanks, and so are not always able to connect people to appropriate resources. Officers depend on "work arounds" or the knowledge of one or two senior officers to deal with situations quickly and effectively.

Cindy Fields from the local soup kitchen reported difficulty in connecting individuals with the most complex or challenging behaviors to basic social services (housing, etc.), which often must be addressed before the individual can effectively deal with their health issues. Brenda Stanfill agreed with this point, noting that even the most basic need for bathrooms was not met for those without homes. Barbara Baumgarten from Unity Outreach echoed these concerns, describing how her ministry is engaged when the assistance is not available for someone from the social services community.

While some agencies have strong relationships and collaborations with each other, not all agencies and stakeholders in the behavioral health system are fully aware of what each organization does and how the respective services fit together. There is a reported lack of willingness to refer to FCBHC, based on past experience. Some agencies expressed reluctance to refer to or partner with FCBHC.

Some collaborations, like that between Fairbanks Counseling and Adoption and Presbyterian Hospitality House work very well. The Street Outreach and Advocacy Program (SOAP) is an

example of how agencies are partnering well to serve clients. Fairbanks Counseling and Adoption staff also noted that referrals to Interior AIDS Association for opioid addiction treatment were successful. They have not had the same success with FCBHC or Family Centered Services. Family Centered Services and Boys and Girls Home reported a strong collaboration between their two agencies.

Several agencies spoke highly of their relationships with Fairbanks Rescue Mission, and the ability to secure services for clients at risk of or experiencing homelessness. The Rescue Mission in turn, pointed to successful partnerships with local churches, UAF, the hospital and detox center, the Indian Health Service and others for securing necessary health and social services for shelter clients.

This lack of broad and consistent communication has resulted in duplication of services in some cases and gaps in services being left unaddressed in others. It has also created an environment in which providers have felt disrespected or dismissed as not having a role or contribution to the system. Specifically noted was FCBHC's move into primary care services — apparently without input or explanation to the community.

Dr. Mikki Barker suggested a local resource guide for mental health clients and social services providers, to help ensure quality referrals. This would also help clients and family members better navigate the health and social service systems.

COMMUNITY PREVENTION EFFORTS

In most of the stakeholder interviews, the answer to this question was silence or a struggle to think of a prevention project. During the public meeting, we heard that young people in Fairbanks "seem dangerously close" to slipping into substance abuse, mental illness, etc. because it is difficult to build and maintain self-esteem and resiliency.

Tanana Chiefs Conference has worked on a prevention project with community partners; it was described as an inclusive, deliberate and very thoughtful process. Fairbanks Counseling and Adoption has two prevention grants, for comprehensive prevention services as well as youth suicide prevention. No interviewees other than Fairbanks Counseling and Adoption reported knowing about these grants. The same is true about the substance abuse prevention program at Boys and Girls Home (reported by the grantee agency, but not widely known).

VISION(S) FOR THE COMMUNITY BEHAVIORAL HEALTH SYSTEM

The overarching vision was for a comprehensive mental health and substance abuse system that provided prevention, treatment, and recovery services (throughout the lifetime) in a timely and effective manner.

The role stakeholders most often described for FCBHC was as the source of services for the chronically mentally ill, individuals experiencing serious mental illness, and those who are Medicaid eligible and/or un-resourced.[14] If the community behavioral health center provided this core service, other agencies could focus on family therapy, specialized services (seniors, dually diagnosed, autism, etc.), and other areas of behavioral health care.[15] Some stakeholders also noted that they see FCBHC as (one day again) being a leader in the local behavioral health system.

Stakeholders throughout this process expressed a desire for a respectful and trustworthy behavioral health system, one that providers, consumers and family members all felt good about. Staff at the Interior Alaska Center for Non-Violent Living shared a dream of a wellness coalition of all Fairbanks social services agencies working together.

The envisioned system would include easily and quickly accessed substance abuse treatment options, in a variety of models, levels of care, and durations, so that individuals can access a relevant and appropriate treatment option. These would include specialized substance abuse services for people with co-occurring mental health disorders, special needs due to age or experience, and other complicating disabilities (TBI, etc.) or health conditions.

The idea of a "one stop shop," a physical location where everyone in need of health and social services can go to be connected to the right source of assistance/care, was discussed at several meetings. This would help ease the process of accessing services, especially for individuals without family or friends to help them navigate the system of care. The idea of a single provider of services to un-resourced individuals, rather than multiple agencies trying to provide uncompensated care, was also suggested at the public meeting.

The intake packets used at FCBHC and other agencies are reportedly very long (20-37 pages). Barbara Burch, president of the FCBHC board of directors, suggested the use of a uniform intake form (or packet) to help make it easier for clients to be referred – and to follow up on referrals. This would in turn promote coordinated and collaborative care. The idea of a "universal

[14] Agencies that do not receive a treatment and recovery grant from DBH reported having trouble maintaining large caseloads of Medicaid clients. Fairbanks Counseling and Adoption reported that over 75% of their current clients are Medicaid recipients, which is creating serious financial strain on the agency.

[15] The other behavioral health agencies have incentive to support FCBHC in rebuilding, so that the agency covers the majority of Medicaid patients and opens "slots" at their agencies for clients with insurance and other higher-paying sources of reimbursement.

assessment" (a sort of holistic health and life domain assessment that would identify multiple needs to be addressed) was proposed. Cheryl Kilgore, executive director of Interior Community Health Center, suggested a "single point of entry" that uses technology to allow a person to complete a uniform intake wherever they go for services, and then have that intake information shared across the relevant agencies. Also proposed was a single release of information that met the needs of clients from all the partner agencies.

Some stakeholders envisioned crisis management, crisis respite, and emergency services in a setting other than the hospital or jail. There is a great desire to improve the transition from the hospital's mental health unit to the community providers' care. The need for follow up with clients after discharge (in person, by telephone, etc.) was indicated. While FCBHC was often the focus of these comments, there have been reports of lack of coordination with other psychiatrists and providers when clients are being released. Val Dewey and others expressed a desire for a step-down facility in Fairbanks, to help people transition from acute care to outpatient care.

Improving working conditions for behavioral health providers was identified as a need. This includes access to continuing education in Fairbanks, robust clinical supervision, and meaningful wages. We heard several times at the public forum that mental health professionals are paid a low wage ($13/hour).

Access to peer support (as a source of support and as an employment opportunity), along with supportive housing, employment and other positive behavioral supports, was identified as part of the ideal behavioral health system. Public-private partnerships that help promote wellness would also be part of the system.

ASSETS IN THE COMMUNITY TO HELP MAKE THE ENVISIONED SYSTEM A REALITY

At the public meeting and in stakeholder interviews, we heard about the quality of care provided by FCBHC staff (when they could be accessed). **"They're good people"** was a comment heard frequently, and the caliber of the counseling staff at the agency is seen as an asset and strong foundation for moving forward. Holding on to this idea will be important as FCBHC begins to rebuild trust and respect in the community. It will be important that members of the community recognize the efforts made, and the time needed, to rebuild those relationships.

The people who attended the public meeting are an excellent example of the current passion and commitment to improving behavioral health care in Fairbanks. During the meeting, the need for a local resource guide was identified. Clint Summers (ccsummers@alaska.edu) volunteered to format the guide, if others would provide the content. Additional people volunteered to help, and the group was on its way to solving part of the referral system and coordination of care problem. (Email Clint if you want to help.)

There are examples of effective collaborations between agencies in Fairbanks. By recognizing these relationships as a model for success, and building on them to expand collaborative efforts,

the community behavioral health system can better serve the client population. The Community Action Planning group is a possible structure for pulling partners together — as long as agencies attend regularly and participate fully.

WAYS AMHB & ABADA, DHSS/DBH, AND/OR AMHTA CAN SUPPORT THE COMMUNITY

Communication and Responsiveness: While there were specific areas identified in the course of the public and stakeholder meetings where state organizations could support local efforts to improve their system, a recurring comment was "the State knew" about the problems developing within the community behavioral health system and yet "the State" didn't step in to help until now. Creating an ongoing feedback loop with the community, and responding to concerns quickly, is an area where state organizations could better support the community.

As we heard about the devolution of the Community Action Planning group, absent was any (reported) effort by DBH to help facilitate and guide these meetings – or to help the members overcome the obstacles they were facing. DBH staff should be involved in efforts to maintain existing relationships and rebuild those that have suffered during the last few years, and be available to assist stakeholders in the community behavioral health system in better coordination of effort. David Reeves, Program Manager, has already begun to offer this sort of support by establishing a toll-free number for the Community Action Planning meetings. Contact information for David Reeves, DBH program manager, as well as staff for AMHB and ABADA and others, is provided on page 1.

Organizational Management/Capacity: Stakeholders are reluctant to engage in too much effort to rebuild relationships with FCBHC until a permanent (as opposed to acting) director is hired. Stakeholders favored a client-centered, clinically focused administration at FCBHC, rather than a risk management model of management (which is how many viewed past policies). Stakeholders expressed a strong desire for technical assistance and board development for the members of the FCBHC board of directors. Stakeholders also stressed the importance of transparency and community participation in program development and policymaking by FCBHC (and agencies in general). Training on open meetings would address lack of opportunity to participate in provider agency board meetings that was reported by NAMI-Fairbanks.

Facilitate and Nurture Collaboration: State organizations can help advertise the Alaska 211 social services information system, operated by United Way of Anchorage and its partners, and encourage Fairbanks agencies to enroll in the service. This would expand access to information needed to make it easier to refer clients to appropriate services.

Workforce: Assistance in promoting opportunities and developing/maintaining local training programs to "grow our own" workforce was suggested as an area for additional support from state organizations. Establishing a center of excellence for behavioral health care fields at the University of Fairbanks was proposed by Van Newstrom. In addition to recruitment, agencies expressed interest in efforts to improve clinical supervision and the competencies of managers.

Developing "career tracks," leadership opportunities, and ways to recognize high-achievers were all suggested as areas where state organizations could help.

Issues of licensing and reciprocity were also raised. Recruiting qualified staff from out of state is difficult because the Alaska licensing standards do not accept national tests/boards, outside hours of supervision, etc. Organizing a targeted discussion, in conjunction with the Workforce Development efforts of the Department of Health and Social Services and Alaska Mental Health Trust, Alaska Behavioral Health Association, Alaska State Hospitals and Nursing Home Association, etc. would help move this issue forward.

Treatment Services: Allowing for less complicated (than Medicaid) reporting standards for un-resourced individuals, since they are paid for from grants or written off, was suggested as way to overcome obstacles to serving this population. Clear guidance was requested from DBH about how proposed solutions to the shortage of psychiatrists fit within Medicaid and other regulatory requirements.[16]

Funding structures: There is a perception that funding to Fairbanks providers has been reduced or has remained flat, despite increases in service populations. Providing clarity about how much public funding has gone into the local community behavioral health system, and the overall performance based funding structure, would be of benefit to the community.

There was also concern that the segregated funding of disability services by the Division of Senior and Disability Services and behavioral health services by DBH perpetuates the isolation of developmental disability services from mental health and substance abuse services. Working to bring those together to better serve the dually diagnosed is a way the state organizations can support improvements in Fairbanks (and statewide).

There were many suggestions for improving distribution and use of public funds. "Money follows the person" and other streamlined models of paying for services were suggested as a way of improving access to services across agencies. Barbara Burch suggested funding mechanisms that rewarded collaborative efforts, like the use of a uniform intake form/packet. City Council member Vivian Stiver suggested alcohol excise revenues being provided to communities in the form of block grants, to be used according to community needs. Several stakeholders and public forum attendees spoke to the limited ways in which Alaska Mental Health Trust funds are used.

Stigma Reduction: Several mental health advocates and participants in the public forum reported that stigma remains a barrier to recovery. Reports about the resistance to serving individuals experiencing addiction or serious mental illness, even within the provider community, reinforce the need for more effective education and stigma reduction efforts. This is an area in which AMHB and ABADA could assist the community.

[16] This was a specific question raised during the meeting with Fairbanks Counseling and Adoption, and a response from DBH is needed.

Peer Support: State organizations could help the Fairbanks community ensure that the behavioral health infrastructure includes peer support. Peer support can help people achieve recovery, and reduce the need for out-of-community acute care services by helping to maintain recovery.

Advocacy: At the public meeting, several people commented about the need to show that behavioral health services add community value and identified the need to better communicate the economic value of the service system – in addition to the human services marketing already being done. Voter education and mobilization was also identified as an unmet need (this is something within AMHB's and ABADA's education and advocacy duties).

Next Steps

Community Action Planning Group

FCBHC has offered to host these monthly meetings, to address the concerns raised about the agency's lack of participation in the past. David Reeves, DBH, will provide toll-free teleconference access to the meetings for participants who can't attend in person. Stakeholders indicated a need to restate the purpose of the group and its meetings, and to establish a regular meeting schedule.

Community Resource Guide

Clint Summers and others agreed to pursue development of a community resource guide. Email Clint at ccsummers@alaska.edu to help. (People remembered there being a similar directory at some point in the past. If you were involved in that project, or have a copy of the old directory, please let Clint know.)

Agencies can also support efforts to spread the word about services available – and help make the referral process easier – by enrolling in Alaska 211. Information about Alaska 211 and the enrollment form are available online at http://alaska211.org/Content.aspx?agytools.

Fairbanks Community Behavioral Health Center

The agency has a lot of work to do, much of it internal. The Division of Behavioral Health and others will be working with the agency to accomplish needed improvements. Patience and support from the community will be required to ensure that organizational change is effective.

FCBHC board members and staff expressed a commitment to the community, to rebuilding trust and respect, and to becoming Fairbanks's true community behavioral health center. Participating in the June 13-15, 2011 process — and committing to the July 2011 planning process to find solutions to the problems identified by stakeholders and clients — is the first step.

July 2011 Planning

As described in this report, there are areas for improvement across the behavioral health system. Solving these problems will require Fairbanks health and social service agencies, clients, and advocates to work together. The Alaska Mental Health Board and Advisory Board on Alcoholism and Drug Abuse offered (and still intends) to facilitate a community planning process in July[17] to help behavioral health providers and stakeholders prioritize areas for improvement and make a plan to address them. Email Kate Burkhart (kate.burkhart@alaska.gov) for more information.

Conclusion

The people of Fairbanks shared their experiences, good and bad, in good faith with the goal of improving the way individuals with mental health and substance use disorders, as well as other disabilities, receive services in the community. The information provided in this report should be read with that intent and purpose in mind — to create a common understanding, so that community solutions can be found and a better behavioral health system created.

[17] Proposed for the last week of July, 2011.

Appendix A: List of Stakeholders Interviewed

Access Alaska
http://www.accessalaska.org/access_alaska_services/fairbanks_services/
Boys and Girls Home
http://boysandgirlshomeofalaska.com/
Department of Corrections
Fairbanks Correctional Center
Probation and Parole
Division of Senior and Disability Services
Adult Protective Services
http://www.hss.state.ak.us/dsds/aps.htm
Fairbanks Community Behavioral Health Center
http://www.fcbhc.org/
Fairbanks Counseling and Adoption
http://www.Fairbanks Counseling and Adoptionalaska.org/
Fairbanks Downtown Association
Community Service Patrol
http://downtownfairbanks.com/about/community-service-patrol/
Fairbanks FASD Diagnostic Team
http://www.hss.state.ak.us/fas/teams/teams/fairbanks.htm
Fairbanks Memorial Hospital
http://www.bannerhealth.com/Locations/Alaska/Fairbanks+Memorial+Hospital/_FMH_DC_Home.htm
Fairbanks Native Association
http://www.fairbanksnative.org/services.htm
Fairbanks Police Department
http://www.ci.fairbanks.ak.us/departments/police/index.htm
Fairbanks Rescue Mission
http://www.fairbanksrescuemission.org/
Fairbanks Resource Agency
http://fairbanksresourceagency.wordpress.com/
Family Centered Services
http://www.familycenteredservices.com/
Hope Counseling
http://hopecounselingcenter.org/
Interior Alaska Center for Non-Violent Living
http://www.iacnvl.org/
Interior Community Health Center
http://www.myhealthclinic.org/
NAMI-Fairbanks
907-456-4704
Tanana Chiefs Conference Health Services
http://www.tananachiefs.org/health_services.shtm
Turning Point Counseling
http://www.turningpointcounselingservices.com/
Unity Outreach
907-452-1934

Appendix B: Evaluation of June 13, 2011 Public Meeting

How did you hear about this meeting?

18% Newspaper 28% Email 6% PSA 24% Word of Mouth 24% NAMI

On a scale of 1 (*not useful*) – 5 (*very useful*) please rate how useful you found this meeting?

82% rated the meeting 4-5 (very useful)

One rated the meeting 3 (average).

Two rated the meeting 1 (not useful), citing "nothing new, lots of talk" and "we didn't need a meeting like this."

What, from this meeting, was most useful to you?

- The ability to speak out and be heard.
- Networking and hearing the perspectives/experiences of other people/providers.
- Learning about community needs.
- Discussion of solutions.

On a scale of 1 (*not at all*) – 5 (*very well*) please rate how this meeting addressed issues which concern you or your family?

53% rated the meeting 4-5 (well, very well)

29% rated the meeting as 3 (average)

Three rated the meeting 1 (not at all).

Which behavioral health issues concern you or your family the most?

- Access to services
- Consistency of services
- Housing
- Case management
- Drug, alcohol addiction/substance abuse treatment
- Peer support
- Services addressing homelessness
- Operational capacity at FCBHC
- Serious mental illness/chronic mental illness

On a scale of 1 (*not at all*) – 5 (*very well*) please rate how you felt your perspective was heard at this meeting?

93% rated the meeting 4-5 (well, very well)

One rated the meeting 3 (average)

Two left it blank.